IN LIEU OF PTO/SB/17 (10-03)
*** Please note request to charge additional fees during the pendency of the application.

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|---|--|--|-------------------|-----------|---|--|--------------------|------------|--|
| 1 17 | | | Complete if Known | | | | | | |
| FEE TRANSMITTAL for FY 2004 | | Application Number | | | 09/961,376-Conf. #6600 | | | | |
| | | Filing | ling Date | | | September 25, 2001 | | | |
| | | | | | ntor | Steven M. Ruben | | | |
| Effective 10/01/2003. Patent fees are subject to annual revision. | | Examiner Name | | | P. M. Mertz | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | | | 1646 | | | | |
| | | | mey Docket No. | | | PF524P1 | | | |
| | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | FEE CALCULATIO | | | | | LATION (co | ntinued) | | |
| Check Credit Money Other None None | 3. ADDITIONAL FEES | | | | | | | | |
| X Deposit Account: | Large Entity Small Entity | | | | | | | | |
| Deposit Account 08-3425 | Fee | | | | | Fee Desc | rintian | | |
| Number | Code | (\$) | Code | (\$) | | ree Desc | приоп | Fee Paid | |
| Account Human Genome Sciences, Inc. | 1051 | 130 | 2051 | 65 | _ | - late filing fe | | | |
| Name The Director is authorized to: (check all that apply) | 1052 | 50 | 2052 | 25 | Surcharge sheet. | - late provision | | | |
| X Charge fee(s) indicated below X Credit any overpayments | 1053 | 53 130 1053 130 Non-Englis | | | Non-Englis | sh specification | 1 | | |
| X Charge any additional fee(s) or any underpayment of fee(s) | 1812 | 2 2,520 1812 2,520 For filing a reques | | | request for ex p | arte reexamination | | | |
| Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | | | | |
| X charge any additional fee(s) during the <i>pendency</i> of the application | 1805 | 1,840* | 1805 | 1,840* | | Requesting publication of SIR after Examiner action | | | |
| FEE CALCULATION | 1251 | 251 110 2251 55 Extension f | | | Extension | for reply within | first month | | |
| 1. BASIC FILING FEE | 1252 | 420 | 2252 | 210 | Extension | for reply withir | second month | 430.00 | |
| Large Entity Small Entity | 1253 | 950 | 2253 | 475 | Extension | for reply within | third month | | |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) | 1254 | 1,480 | 2254 | 740 | Extension | for reply within | fourth month | | |
| 1001 770 2001 385 Utility filing fee | 1255 | 2,010 | 2255 | 1,005 | Extension | for reply within | | | |
| 1002 340 2002 170 Design filing fee | 1401 | 330 | 2401 | 165 | Notice of A | ppeal | 10.45 10 2 31 | , pr | |
| 1003 530 2003 265 Plant filing fee | 1402 | 330 | 2402 | 165 | - | ef in support o | f an appeal | \vdash | |
| 1004 770 2004 385 Reissue filing fee | 1403 | 290 | 2403 | 145 | | Request for oral hearing | | | |
| 1005 160 2005 80 Provisional filing fee | 1451 | 1,510 | 1451 | 1,510 | | • | lic use proceeding | | |
| SUBTOTAL (1) (\$) 0.00 | 1452 | 110 | 2452 2453 | 55 665 | | revive – unavo | | | |
| | 1453 | 1,330 | 2501 | 665 | | revive - uninte | \vdash | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from | 1501 | 1,330 | | 665 | - | e fee (or reissı | ie) | | |
| Claims below Fee Paid | 1502 | 480 | 2502 | 240 | Design issu | | | | |
| Total Claims 17 -63** = x = 0.00 | 1503 | 640 | 2503 | 320 | Plant issue | | • | \vdash | |
| Claims 3 -6** = x = 0.00 | 1460 | 130 | 1460 | 130 | | the Commiss | | | |
| Multiple Dependent | 1807 | 50 | 1807 | 50 | Processing | fee under 37 | CFR 1.17(q) | | |
| Large Entity Small Entity | 1806 | 180 | 1806 | 180 | | | n Disclosure Stmt | 180.00 | |
| Fee Fee Fee Code (\$) Fee Description | 8021 | 40 | 8021 | 40 | | ecording each patent assignment per roperty (times number of properties) | | | |
| 1202 18 2202 9 Claims in excess of 20 | 1809 | 770 | 2809 | 385 | | ng a submission after final rejection CFR 1.129(a)) | | | |
| 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid | 1810 | 770 | 2810 | 385 | | or each additional invention to be xamined (37CFR 1.129(b)) | | | |
| 1204 86 2204 43 ** Reissue independent claims | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | | | | |
| over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 | 1802 | | | | | or expedited examination | | | |
| 205 18 2205 9 ** Reissue claims in excess of 20 and over original patent Other fee (s | | | | | Or B design | гаррисация | | | |
| SUBTOTAL (2) (\$) 0.00 | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 610.00 | | | | | | | | |
| **or number previously paid, if greater, For Reissues, see above | | | | | | | | | |
| SUBMITTED BY (Complete (if applicable)) | | | | | | | | | |
| Name (Print/Type) Michele Shannon Registration No. (Attorney/Agent) 47,075 | | | | | | Telephone | (301) 354-3930 | · <u></u> | |
| Signature 11.1.1.1 | | | | | | Date | October 14, 201 | n <u>a</u> | |